

CLAIMANT'S NAME George Valverde			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT Motor Vehicles					
POSITION Director		CB/ID NUMBER		DIVISION OR BUREAU Executive			INDEX NUMBER				
RESIDENCE ADDRESS *				HEADQUARTERS ADDRESS 2415 First Avenue				TELEPHONE NUMBER			
CITY		STATE		ZIP CODE		CITY Sacramento		STATE CA		ZIP CODE 95818	

(1) MONTH/YEAR 09/2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
1	1530	Emeryville	156.90			18.00			SC				174.90
2	1145			6.00					SC				6.00
	1342								SC	8.75			8.75
8	0959	Sacramento Burbank/Riverside/ Los Angeles	93.29		10.00	18.00			SC A				121.29
9	1458	Los Angeles/Sacramento		6.00	10.00		6.00		SC	30.00			52.00
17	1115								SC	8.75			8.75
	1241	Sacramento							SC	6.00			6.00
19	0709	Sacramento/Ontario/ Sacramento							SC A/SC	15.00			15.00
23	1047								SC	5.25			5.25
	1139	Sacramento							SC	7.50			7.50
25	1515								SC				
	1641	Sacramento											
(10) SUBTOTALS			250.19	12.00	20.00	36.00	6.00			81.25			405.44

COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$	405.44

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

1/2: Met with DMV staff in the Oakland Claremont and Oakland Telephone Service Center to discuss issues currently impacting the department; participated in a meeting at the BTH Agency with the CHP 9: Participated in the dedication of the East Riverside Telephone Service Center 17: Met with the Agency Secretary; attended meeting with the State Chief Information Officer 19: Addressed the Southern California Motor Vehicle Managers and Supervisors Association regarding furloughs and other issues impacting its members/DMV 23: Met with BTH staff 25: State Chief Information Officer

(12) NORMAL WORK HOURS
(13) PRIVATE VEHICLE LICENSE NUMBER
(14) MILEAGE RATE CLAIMED
AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.	CLAIMANT'S SIGNATURE	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)			DATE	